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COUNTY BOROUGH OF BURY

EDUCATION COMMITTEE

ANNUAL REPORT

ON THE WORK OF THE

SCHOOL HEALTH SERVICE

FOR THE YEAR

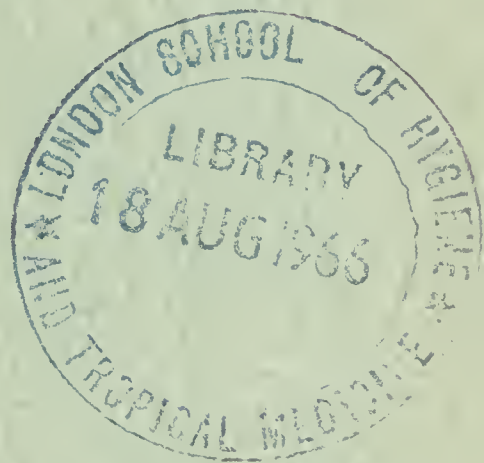
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K. K. WOOD, M.B., M.R.C.S., D.P.H.

Principal School Medical Officer

Medical Officer of Health



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ANNUAL REPORT FOR 1958



To the Chairman and Members of the Education Committee,

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you the Annual Report on the work done in the School Health Service during 1958.

The services of a Deputy Principal School Medical Officer have been available for the whole year, and this has enabled us to make up much of the progress which was lost when the post was vacant. Routine examinations have been carried out at all schools.

First priority has been given to Poliomyelitis immunization. The response to the appeal in Bury was at first poor, and this was not helped by vaccine supply difficulties at the time the scheme got under way. Except for difficulties brought on by patients opting for one make of vaccine there has been only a short period of waiting after receipt of the consent forms by the department. We have continued with the Diphtheria Immunization scheme, and have also commenced a scheme for the B.C.G. vaccination of leavers. This will bear fruit next year and will be reported on then.

There has been no large epidemic of infectious disease.

Considerable progress has been made in providing facilities for giving advice in cases of Educationally Sub-normal children and children with behaviour problems.

Mention has been made in previous reports of the satisfactory co-operation with the Hospital Service. This has continued and improved, and in practice the services work as one unit. The General Medical Practitioner has helped very much in reaching this desirable position.

We still have some vacancies on the Staff, and the appointment of another dentist and a child psychiatrist are particularly desired.

I would again like to thank the Staff for their acceptance of some extra duties without which the additional strain of the poliomyelitis vaccinations could not have been dealt with.

The filling of certain vacancies have made an all-round increase in the volume of work dealt with.

To you, Mr. Chairman, and Members of the Committee, I would express my thanks for your continued interest during the year.

I am,

Your obedient Servant,

K. K. Wood.

Principal School Medical Officer.

6th June, 1952.

STATISTICS.

Area of Bury in acres 7,434

Population (R.G. Estimate for 1958) 58,090

Number of children on registers of maintained schools at the end of 1958:—

Infants	....	1,839
Juniors	....	3,341
Seniors	....	3,365
		<hr/>
		8,545

The number of children attending Direct Grant Schools is 1,637.

SCHOOLS IN THE BOROUGH.**Primary Schools or Departments :**

County	....	9
Controlled	....	10
Aided	....	12

Secondary Schools :

County	....	4
Aided	....	3
Special Agreement	....	1

Nursery School 1

Special School (E.S.N.) 1

In addition there are three Direct Grant Grammar Schools, the Bury Grammar School for Boys, the Bury Grammar School for Girls, and the Convent High School for Girls, for which the Bury Education Committee provide school health services.

SCHOOL BUILDINGS.

Internal decoration of the following schools was carried out during the year :—

East Ward Junior.

Fishpool County Infant.

Fishpool Nursery (Morley Street Premises).

Alderman Smith County Infant.

Elton Nursery.

George Street.

Church Central Secondary Modern.

External decoration was carried out at the following schools :—

St. Chad's.

Unsworth, St. George's.

Fishpool Nursery.

East Ward Secondary Modern.

Additional washing facilities were provided at Chesham School.

The new Sunny Bank County Primary School was completed during the year.

ROUTINE MEDICAL INSPECTIONS.

Three groups of children were examined ; 846 entrants, 562 in the second age group, and 663 in the third age group, giving a total of 2,071 children examined. There were 676 other periodic inspections made ; these were at the Bury Grammar School (478) and the Convent Grammar School (198).

In addition the Medical Officers made 2,660 special inspections and re-inspections. These examinations were made at the Schools or at the Clinics.

All these examinations were carried out by the Authority's staff.

REVIEW OF THE MAIN FACTS DISCLOSED BY MEDICAL INSPECTION.

The figure given in brackets refer to the number of cases last year.

Nutrition.—The estimate of nutrition has been made on general inspection and examination of the child. As in recent years, the general level was very high, and less than 1 per cent of the children were found to evidence any crude signs of nutritional defect as to be visible to the naked eye. Any investigation into slight or abnormal nutritional changes would require more complicated investigation that can be conveniently performed at a routine medical inspection in school.

Tuberculosis.—No new cases, either of pulmonary or non-pulmonary tuberculosis have been notified or discovered in children of school age this year. The gradual and continued elimination of cases in this group is very satisfactory.

The closest liaison exists with the Chest Physicians at the Chest Clinic which is now held at the Out-patient Department of the Bury General Hospital.

Lungs.—Ninety-six (93) cases of non-tubercular chest diseases were discovered. Eleven required treatment and eighty-five observation.

It appears that those cases are often the precursor of the “Chronic chest” which in later life is a chronic and crippling disease. Prevention by pressing forward with immunisation schemes against whooping cough and improving general public health measures such as ensuring clean air in the town.

Skin Diseases.—This class of defects does not share on an equal scale in the general reduction of defects that has come of recent years. There were 383 (353) cases of skin disease found. 327 were referred for treatment and 56 for observation. Most of these are non-infectious skin diseases and appear to be either metabolic or psychosomatic in origin.

Eye conditions.—83 (83) cases of external eye disease were found during the year, 74 (78) of which were referred for treatment and 9 (5) for observation.

304 (461) cases of defective vision and squint were found. Of these 250 (396) were cases of defective vision, and 54 (65) cases of squint. 173 (203) were referred for treatment and 131 (258) for observation only.

Ear Disease and Hearing.—40 (29) children were found to be suffering from defective hearing, 24 (11) of which were referred for treatment, and 16 (18) for observation; 62 (45) children were found to be suffering from Otitis media, 37 (22) were referred for treatment and 25 (23) cases for observation. In addition there were 45 (78) cases of other ear conditions.

UNCLEANLINESS.

On the average each school was visited on 5 occasions by the School Nurses for the purpose of cleanliness inspections. The number of examinations of children for this purpose was 9,298. As a result of these inspections 7.1% of the children were found to be infested, either with nits or lice. In 68 of the children infestation of the body was found; the remainder were in the head. It is only by constant head inspections that the persistent source of reinfestation can be dealt with, and this nuisance kept under control.

There are baths and cleansing facilities at the Huntley Clinic to help in the treatment of these cases, and the treatment of Scabies. The sale of special metal combs has been continued.

FOLLOWING UP.

Medical Inspection loses much of its value if those children found to be suffering from some defect are not "followed up" in order to ensure that the necessary treatment advised has been obtained either from the child's own medical practitioner, the Hospital service, or from the services provided by the Local Authority.

If the child is not accompanied by the parent, a note is sent drawing their attention to the defect, and suggesting that treatment be obtained, either from their private doctor or clinic services. This is followed up either by a visit to the child at school by the Nurse, or by home visits to the parent. Arrangements are made for re-inspection of children with defects to be made by the School Medical Officers.

These re-inspections have been carried out both at the School clinics and also at the Schools. Last year the figure was 977, whilst this year it was 989. Only by constant and close following up can one be sure that the defects discovered are adequately dealt with. In the majority of cases little difficulty has been experienced in obtaining treatment for the children.

WORK OF SCHOOL NURSES.

During the year the School Nurses have carried out the following visits, etc. :—

Home Visiting by Nurses :

Homes of Ophthalmic Cases	....	....	....	10
„ Throat Cases	....	....	....	1
„ Minor Ailments	....	....	....	14
„ Infectious Disease	....	....	....	43
„ re Cleanliness	....	....	....	52
Other visits	....	....	....	75
Total				195

Visits to Schools with Medical Officers 134

Other visits to Schools by Nurses—

(a) For cleanliness	....	....	....	135
(b) Other visits	....	....	....	160
Children examined re cleanliness	....	....	....	9,298
Number of above unclean	....	....	....	661
*Contacts examined re Infectious Disease	....	....	....	2

* Many visits to homes of families have also been made by Health Visitors. Where this has been so no duplicate visit has been made by the School Nurse.

ARRANGEMENTS FOR TREATMENT OF SCHOOL CHILDREN.

NAME OF CLINIC.	WHERE HELD.	TIME.
Minor Ailments.	The Wylde Clinic.	Daily—9 a.m. to 10 a.m.
Minor Ailments.	Huntley Mount Clinic.	Daily—9 a.m. to 10 a.m.
Medical Officer's Inspection Clinic.	The Wylde Clinic.	Daily—9 a.m. to 10 a.m.
Scabies Clinic.	Huntley Mount Clinic.	As required.
Orthopædic Clinic (Exercises).	The Wylde Clinic.	Tuesday—9 a.m. to 12 noon 2-30 p.m. Friday—4 p.m.
Orthopædic Clinic (with Lancs. C.C.)	The Uplands, Whitefield.	Orthopædic Surgeon attends 2nd Friday each month at 10-30 a.m.
Ultra Violet Light Clinic.	The Wylde Clinic.	Tuesday and Friday— 1-30 p.m
Diphtheria, Poliomy- elitis & Vaccination Clinic.	The Wylde Clinic.	As required.
Ophthalmic Clinic.	The Wylde Clinic.	Wednesday and Thursday commencing 2-30 p.m.
Dental Clinic.	The Wylde Clinic.	By appointment.
Ear, Nose, and Throat.	The Wylde Clinic.	1st and 3rd Friday in each Month, 2 p.m.
Orthoptic	Huntley Mount Clinic.	Tuesday—9 a.m. to 12 noon 2 p.m. to 4 p.m.
Speech Therapy	Huntley Mount Clinic.	Daily by Appointment

Minor Ailments Clinic—THE WYLDE.

No. of Children attending from 1957	....	7
„ „ discharged during 1958	....	638
„ „ still attending at end of 1958	....	3
„ fresh children who attended during 1958	....	634
„ attendances	....	1,794
Clinic open	....	302 days.
Average attendance per child	....	2.8
Average daily attendance	....	5.9

In addition to the above, 364 children attended on three or four successive days for mydriatic application before seeing the School Oculist for the purpose of refraction. This represents 1,274 attendances, which are not included in the total attendances in the previous table.

Altogether 406 parents were seen at the Clinic during the course of the year.

Number of fresh children who attended Clinic	1954	1955	1956	1957
	750	680	674	627
Number of attendances	2,647	2,405	2,070	1,847
Average attendance per child	3.5	3.5	2.9	2.9
Average daily attendance	8.7	8	6.8	6.1
Children attending for mydriatic application	428	374	396	449

Minor Ailments Clinic—HUNTLEY MOUNT.

This Clinic is open daily from 9 a.m. to 10 a.m., for the treatment of minor ailments, and the treatment of Scabies if required.

No. of children attending from 1957	—
„ „ discharged during 1958	88
„ „ still attending at end of 1958	—
„ fresh children who attended during 1958	88
„ attendances	472
Clinic open	199 days.
Average attendance per child	5.4
Average daily attendance	2.4

17 parents were seen at this Clinic during the course of the year.

CASES ATTENDING ALL CLINICS.

The nature of the cases treated at the Minor Ailments Clinics are given below:—

Ringworm Scalp	—
Ringworm, Body	3
Scabies	8
Impetigo	13
Other skin diseases	287
Minor Eye defects—External and other (but excluding defective vision and squint)	70
Minor Ear defects	33
Miscellaneous	133

INFECTIOUS DISEASE.

With the advent of immunization for prevention and the antibiotics for treatment, there has been a great change in the importance of these diseases to the individual. Some diseases have been banished, whilst others, although still with us, do not now leave their trail of death or sequelae. They are, however, still of great nuisance value in causing a loss of school time to the child. There were 579 cases of measles and 121 of whooping cough notified. Nearly half of these were in children of school age and were of importance in producing loss of school attendance. The discovery of a simple means of prophylaxis against measles would be a great reducer of school absences. This year scarlet fever and the other infectious diseases were of negligible incidence.

No closure of schools or special collective action had to be taken to deal with any outbreak. Routine disinfection of parts of school premises or equipment has been undertaken by the Health Department as required.

The schemes for immunisation must be continuously supported and it is the responsibility of the parents to see that their children are protected. Adequate facilities are provided by the School Health Service, and little waiting time is now necessary for immunization. This year the maximum attention was paid to poliomyelitis and in spite of supply difficulties by the end of the year the work was in full swing. Preliminary work dealing with the offer of B.C.G. vaccination for school leavers was done. The fruits of these efforts will shew in next year's report. B.C.G. has been offered to contacts of T.B.

DIPHTHERIA IMMUNIZATION.

Efforts are made in the Child Welfare Department to see that as many children as possible are immunized in the pre-school period. This year 910 children in the age group under five years old were immunized. On admission to School the School Health Service attempts to obtain immunization for those not already done in infancy, and get a reinforcing dose given on admission to School to those who were immunized in infancy. There were 337 reinforcing doses given during the year.

Number of children in the Local Health Authority area on 31st December, 1958, who have completed a course of Diphtheria Immunization at any time between 1st January, 1944, and 31st December, 1958—

Age on 31/12/58 (i.e. born in year)	Under 1 1958	1—4 1954— 1957	5—9 1949— 1953	10—14 1944— 1948	Under 15 Total
A. Number of children whose last course (primary or booster) was completed in the period 1954—1958	203	1,861	2,312	440	4,816
B. No. of children whose last course (primary or booster) was completed in the period 1953 or earlier	—	—	945	3,685	4,630
C. Estimated mid-year child population	880	3,420	8,400		12,700
Immunity index 100 A/C	23.1	54.4	32.8		37.9

POLIOMYELITIS VACCINATION.

The number of children (all ages) who have been vaccinated with two injections under the Scheme is as follows:—

During 1956	125
During 1957	1,148
During 1958	3,485
Total	4,758

The number of children who have received three injections at 31.12.58. 1,320

SCABIES.

During the year eight cases of Scabies were discovered and treated.

The number of cases in 1937 was 83, 1938—36, 1939—29, 1940—16, 1941—50, 1942—177, 1943—263, 1944—333, 1945—126, 1946—113, 1947—79, 1948—48, 1949—16, 1950—7, 1951—10, 1952—10, 1953—10, 1954—0, 1955—4, 1956—2, 1957—0.

Special facilities for treatment of Scabies are available at the Huntley Mount Clinic.

RINGWORM.

The Education Committee has an arrangement with the Manchester Skin Hospital for the X-Ray treatment of Ringworm. No cases were sent this year.

HEART CONDITIONS.

On the defects register at the School Clinic there are records of 96 children who have been discovered to be suffering from some lesion of the heart.

Congenital Heart		Valvular Disease of the Heart		Other Conditions.	
Requiring observation	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation	Requiring treatment
11	5	8	—	72	—

Assistance has been sought in dealing with many of these cases from the Hospital Service, where electrocardiograms and specialist advice has been available. The closest co-operation has been sought in these cases, also with the child's own doctor.

Advice is given to Schools as to whether there should be any limitation of activities.

DIABETES.

There are no children who require special residential care.

4 children on Diabetic register at Bury General Hospital all have been in-patients and are now satisfactorily controlled as out-patients.

X-RAY EXAMINATIONS.

X-ray examinations of School Children referred from the Clinic are made at the Bury General Hospital.

Most of these have been suspected fractures which have come to the Minor Ailment Clinics. Chest X-Rays have been taken at the Chest Clinic which is now at Bury General Hospital.

ORTHOPAEDIC CLINIC.

Bury County Borough participates in the Lancashire County Council Orthopaedic scheme. The clinic sessions are held at the Whitefield clinic on Fridays. At this Clinic there were 4 Bury cases who had a first consultation with the Orthopaedic Surgeon and 20 old cases attended.

In addition to the above some Bury School children attend the Orthopaedic department at the Bury General Hospital. This place is frequently more convenient for the children to attend and very satisfactory service has been obtained for any cases referred by the School Health Service.

Also at the Wylde Clinic there is a Physiotherapist who provides physiotherapy and ultra-violet ray therapy. This centre is frequently used by the Consultant for follow-up treatment of children who have attended the Orthopaedic Clinic at Bury General Hospital.

The work done by the Physiotherapist at the Wylde Clinic was as follows :—

Number of cases attending for phsyiotherapy	56
„ „ electrical treatments	89
„ „ treatments given	403
Average number of attendances per child	7
No. of cases attending for U.V.L.	11
No. of treatments given	218
Average attendance per child	19.8

When a child first attends for treatment the parent is requested to accompany the child. In this way the parent may be instructed as to what treatment is necessary, and can, if advisable help the child with exercises at home.

EYE DEFECTS.

The commonest condition dealt with is defective vision due to errors of refraction. At every routine medical inspection the School Nurse carries out a test of vision with test types.

If any error is discovered the case is referred to the Ophthalmic Surgeon. If the parent wishes, the child can be taken to his own Optician.

364 cases were seen at the Ophthalmic Clinic at the Wylde, and in 198 cases glasses were prescribed. In addition to these figures we know that 237 other children have received glasses. The Ophthalmic Surgeon has two sessions weekly at the Clinic.

In appropriate cases the Eye Specialist refers cases to the Orthoptic Clinic. Many of these cases are children with squint. It is essential to start treatment as early as possible, and an effort is made to commence treatment before school attendance begins. The Child Welfare Centres find out most of these cases.

ORTHOPTIC CLINIC.

Held at the Huntley Mount Clinic, Tuesdays, by appointment.

I am indebted to Mrs. K. M. Rogerson for the following report:—

During the year 1958 a total of 75 girls and 82 boys have received treatment for squint.

39 new cases of Bury School children with squint were registered. Of these 21 were boys and 18 were girls.

There is a small waiting list for Orthoptic exercises, but all children referred during the year were seen within one month of the date of referral.

Mr. Shannon, the Ophthalmic Surgeon, operated for squint on 3 Bury School boys and 1 girl at the Cottage Hospital at Ramsbottom.

There is an arrangement at the Orthoptic Clinic to take any case referred from the Eye department of the Bury General Hospital.

EAR DISEASE AND HEARING.

The treatment of middle ear disease and of the various degrees of deafness is a matter of great concern. A Consultant Ear, Nose and Throat Surgeon (Dr. A. I. Goodman) has held a fortnightly clinic at the Wylde, on 1st and 3rd Fridays of the month, at 2 p.m.

Four children were referred for audiogram ; one of which was supplied with a hearing aid.

The Consultant Ear, Nose, and Throat Surgeon paid 22 visits to the School Clinic during the year.

Attendances were as follows :—

First consultations with Surgeon	70
Second or subsequent consultations with Surgeon	87
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Total	157
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Analysis of new cases :

Enlarged tonsils and/or adenoids	24
Otorrhoea	5
Otitis Media	6
Partial deafness	13
Nasal obstruction	3
Speech	1
Otalgia	4
Mouth breathing	2
Catarrh	2
Rhinitis	1
Other conditions	6
Glands	2
Sinusitis	1
	<hr/>
Total	70
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SPEECH DEFECTS.

The Speech Therapy Clinic at Huntley Mount was re-opened on 1st September, 1958, after being closed for two years owing to Staff vacancy.

I am indebted to Miss K. Warburton for the following figures :

The first three weeks of the term were spent in visiting schools to check on those children who were on the register when the previous Speech Therapist left and those on the waiting list, and in interviewing parents and admitting children for treatment.

Of the 54 children on the register on 31.8.56 :—

- 8 had left school.
- 5 had left the district.
- 13 had improved sufficiently not to require further treatment.
- 6 parents did not wish further treatment.
- 2 required observation in school.
- 2 were receiving treatment at Bury General Hospital.
- 18 were re-admitted for treatment.

34 school visits were made during the year and 175 children were seen on these visits. Appointments were made for the parents of 67 children to attend the Clinic for interviews, to gain information for case histories before treatment began. 49 parents kept their appointments, 8 others communicated by letter or telephone and 10 neither kept the appointment nor contacted the Clinic.

52 children have been admitted to speech therapy ; 17 of these being girls and 35 boys. The defects were of the following types :—

Stammer	.... .	11 cases
Multiple dyslalia	.... .	18 „
Stammer and dyslalia	.... .	4 „
Lamdaism and Rhotacism	.... .	4 „
Cleft palate	.... .	1 „
Sigmatism	.... .	4 „
Dysphonia and dyslalia	.... .	2 „
Dysarthria	.... .	2 „
Alalia	.... .	4 „
Hyperrrhinophonia	.... .	1 „
Deafness, causing dyslalia	.... .	1 „

On the whole, attendance has been good, although 4 children were discharged at the end of the year due to non-attendance, despite frequent reminders to their parents and schools. It is regretted that such a step had to be taken as in all cases the defects were severe, but it was necessary in fairness to those on the waiting list who are eager for speech therapy.

Altogether, 10 children were discharged at the end of the year—6 as cured and the 4 already mentioned. Another child left the district and was referred to another Speech Therapist.

Head-teachers have been most helpful on school visits and on the whole have seen that children attend regularly and punctually at the Clinic.

An extremely useful addition to the equipment in the Speech Therapy Clinic has been a tape recorder, which has proved valuable as a means of keeping a record of the progress of patients and for helping older patients to differentiate between normal and defective speech.

There are 27 children on the waiting list (5 girls, 22 boys), although there are others with speech defects in the schools who have not yet been placed on the waiting list.

NURSERY SCHOOL.

The Authority have continued to maintain Elton Nursery School with an average number on roll of 39 children of ages two to five years.

SPECIAL SCHOOLS (RESIDENTIAL).

The following handicapped school children were maintained in special schools, hospital schools, or convalescent homes:—

[illegible]

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES.

	1. Blind 2. Par- tially sighted		3. Deaf 4. Par- tially Deaf		5. Delicate 6. Physic- ally Handi- capped		7. Educa- tionally sub- normal 8. Malad- justed		9. Epil- eptic	Total 1—9
	1	2	3	4	5	6	7	8	9	10
In the calendar year										
A. Handicapped Pu- pils newly placed in Special Schools or Boarding Homes .....	....	1	....	....	....	....	18	1	....	20
B. Handicapped Pu- pils newly assessed as needing special educa- tional treatment at Special Schools or in Boarding Homes .....	....	1	....	....	....	1	26	1	....	29
On or about 31st January, 1959										
C. (1) were on the registers of special schools as										
(a) day pupils .....	....	....	....	....	....	....	66	....	....	66
(b) boarding pupils	1	1	2	2	....	2	1	3	1	13
2. were on the reg- isters of independent schools under arrange- ments made by the Authority .....	....	....	....	....	....	....	....	....	....	....
3. were boarded in Homes and not al- ready included under (1) or (2) .....	....	....	....	....	....	....	....	....	....	....
TOTAL C	1	1	2	2	....	2	67	3	1	79

On or about 31st January, 1959	1. Blind 2. Par- tially sighted		3. Deaf 4. Par- tially Deaf		5. Delicate 6. Physic- ally Handi- capped		7. Educa- tionally sub- normal 8. Malad- justed		9. Epil- eptic	Total 1—9
	1	2	3	4	5	6	7	8	9	10
D. Were being edu- cated under arrange- ments made under Section 56 of the Education Act, 1944										
1. in hospitals
2. in other groups (e.g. units for spas- tics, convalescent homes)	2	....	....	....	2
3. at home	1	....	....	....	1
E. were requiring places in special schools										
1. TOTAL										
(a) day	1	....	....	4	....	....	5
(b) boarding	1	....	....	1
How many pupils are included in the totals above										
2. who had not reached the age of 5:										
(a) awaiting day places.....	1	....	....	....	....	....	1
(b) awaiting boarding places
3. who had reached the age of 5 but whose parents had not consented to their admission to a special school :—										
(a) awaiting day places
(b) awaiting boarding places
F. Were on registers of hospital special schools.....	7

Number of children reported during the year :—

(a) Under Sect. 57 (3) (Excluding any returned under	
(b))	3
(b) Under Sect. 57 (3) (relying on Section 57 (4))	—
(c) Under Sect. 57 (5)	—

of the Education Act, 1944.

EDUCATIONALLY SUBNORMAL PUPILS.

There is in the Borough a Special School for E.S.N. children. This school has admitted appropriate children at 8 years of age. There has been sufficient accommodation in the School for the needs in this age range, but it has been found that quite a number of children have been awaiting admission until they have reached admission age. The advisability of making provision for admitting appropriate children at five years of age has been accepted by the Education Committee, but has not yet been implemented. Many of these children are known to the Child Welfare Department or are quickly noticed when admitted to the ordinary Infant School.

In order to assist in the assessment or suitable cases the department has the establishment for a complete child guidance service. That is, a child psychiatrist, a psychologist and a social worker. The appointment of Mrs. Shepherd who commenced on 29.10.58 on the Staff has greatly assisted this work during the year. The services of a female Mental Health Worker from the Health Department to do home visits and generally assist has been valuable. This worker also attends the Local Psychiatric Out-patients. Despite much effort we have been unable to obtain the services of a Child Psychiatrist to assist at our Clinics. Much mental testing has also been carried out by the department's Medical Officers.

The mental testing carried out by the School Medical Officers and Psychologist has been for the estimation of 51 I.Q's. As a result of their examinations the following recommendations have been made :—

Special Day School for Educationally sub-normal pupils	26
For re-test later	5
Remain at ordinary school	11
Remain at same school with special tuition	5
Residential school for Spastic pupils	1
Notification to Local Authority	3

Another class of child which is causing much concern has been those who have been dealt with by the Children's Court. Reports have been supplied to the Juvenile Court referring to 77

cases before them; of these 53 were with reference to children which the department had no relevant information either physically or mentally. Some of these children are educationally sub-normal, but many are of normal or higher intelligence, whose behaviour and emotions do not easily fit into the pattern of society. It is striking how many of these children come from broken or unstable homes. The major problem is dealing with these parents and their entourages. The removal of children to a residential school may partially assist the child but does not deal with the basic cause of his maladjustment.

Some cases have been seen by psychiatrists in Manchester Hospitals. This dichotomy of home and hospital work has little (with the exception of expediency) to recommend it.

Children who are ineducable may be accommodated at the Occupation Centre established by the Health Committee.

I am indebted to the Educational Psychologist for the following report:—

Since the Psychologist started work in mid-October 34 cases have been examined and a decision reached.

Ascertainment .

Ascertainment is essentially a team activity involving the doctor, social worker, and psychologist. In making this three-fold approach to each case we are able to get a full picture of the child in his family situation and of his physical development and present state of health. The psychological examination enables us to assess his innate ability and to check his educational attainments against his mental age. We are then able to give the schools some idea of what progress may reasonably be expected.

We find that most parents are very much concerned about their children's school failure and many of them make considerable efforts to help them at home. We are able to offer advice to them about how best they can do this and discourage them from using unsuitable methods.

13 of these children proved to be of such low intelligence that they were suitable for special education at Brunswick E.S.N. School. One proved to be ineducable and was placed at the Occupation Centre.

After their first natural dismay, most parents accept the decision and co-operate well. They are invited to visit the school as soon as possible, before the child starts there, and many of them do so and are re-assured by what they see.

The remaining 20 cases seen were all valuable referrals mainly from Head Teachers on account of the children's failure to make satisfactory educational progress. It is pleasing to note that the largest number of referrals was in the age group 7 to 9 years as this is unquestionably the best age to investigate all but the grossest educational retardation.

In addition to educational backwardness many of the children seen show signs of maladjustment directly related to their school difficulties. It may be nervousness, lack of effort, the closed look that comes over their faces when the "three Rs" are mentioned, or an assumed lack of concern which often conceals real anxiety and distress. These symptoms appear among children as young as 7 or 8 years old and are much more severe and crippling in the older children of 11 onwards. It would seem that once a child falls behind his fellows in the basic subjects it is, at present, extremely difficult for him to receive the remedial teaching which would enable him to recover the lost ground. Our problems here are of two kinds:—

- (1) Those whose backwardness is directly related to their limited intelligence.
- (2) Those who, though of normal intelligence, fall behind for other reasons.

These are some examples of the first group:—

Dull children educationally retarded below their mental capacity.

	Intelligence Quotient	Chronological Age	Mental Age	Reading Age	Arithmetic Age
Boy	83	8-7	7-2	6	5-6
Girl	83	8-7	7-2	6	6-0
Boy	89	8-5	7-6	6	6
Girl	87	10-6	8-	6	6-0

It is generally recognised that these children though "dull" yet fall within the range of the normal and should not be segre-

gated in special schools away from their better equipped fellows from whom they have much to learn. They are often able to hold their own in games and in some of the non-academic subjects but they do inevitably need longer to master the “three Rs” and are likely to need special help at some point to establish a sound groundwork. It will readily be seen that while some retardation below the normal is to be expected on account of limited intelligence, these children are not doing nearly so well as their mental capacity would warrant.

These are some examples of the second group:—

Children of normal intelligence, educationally retarded.

	Intelligence Quotient	Chronological Age	Mental Age	Reading Age	Arithmetic Age
Boy	100	11-4	11-4	11-6	7
Girl	101	11-7	11-8	11-6	6
Boy	91	11-5	10-4	11-6	9
Boy	90	9-7	8-8	7-9	7

The reasons for school failure among these children are many—poor attendance especially during the infant school period, emotional disturbances which affect the child’s power to concentrate and make effort, and poor home surroundings, are probably amongst the most important.

It will be appreciated that both these groups of children present the teachers of normal sized classes with a difficult problem. It is known that these casualties of our educational system occur in all Local Authority areas and provision can be made for them in a variety of ways. In some cases remedial groups may be formed within a school, or a network of special classes set up to cater for the children of a given area. Again, a visiting teacher may work whole or part-time visiting a number of schools during the week to work with small groups. One nearby Authority has successfully organised special coaching in small groups after school hours. Another has a reading centre which is attended by children on some half-days each week.

Help given in reading is of special value, as not being able to read prevents a child from benefiting from much of the rest

of the normal curriculum. The position of children in the upper junior and secondary modern departments who are unable to read is a serious one. It would be of interest to know how many of these children there are at present.

Contact with Schools.

In the limited time available it is not possible to see as much of schools and Teachers as we would wish, but where visiting has been managed rewarding results have been obtained. Communication by telephone is a second best which can be resorted to.

We would take this opportunity to emphasize the value of early referrals so that those in need of special education do not waste valuable time and become deeply discouraged in the normal schools for which they are not fitted. The first year in the junior school is an excellent time or, if very little educational progress has been made, the last year in the infant department. In the case of gross defect the child is best seen at the outset of his school career.

Seriously Maladjusted Children.

These children continue to present a problem. Fortunately they are few in number—6 out of the 34 cases seen. Some can be helped by advice to parents and periodic interviews, but this is a poor substitute for psychiatric treatment where it is needed.

CO-OPERATION OF PARENTS, TEACHERS, Etc.

The percentage of parents attending at routine inspections was :—

“Entrants”	.... ..	93.2%
“Second Age Group”	.... ..	76.5%
“Third Age Group”	.... ..	3.5%

Parents are encouraged, and previously notified as to time and place of the routine medical inspections, so that the defects found may be pointed out and steps taken to remedy the abnormality discussed. A record of the child's history of infectious and other diseases is asked for from the parents.

The number of parents who have also accompanied their children to the Clinics is 406 at the Wylde, and 17 at Huntley Mount Clinic.

It is true to say that one of the major factors in the success of the School Health Service depends upon the co-operation of teachers and their keenness in using the services provided. This, like all co-ordination, is a two-way process, and on the whole has given satisfactory results on both sides. The extension of the psychological work appears to be giving teachers help in difficult cases.

Close working has also taken place with the School Welfare Officers and voluntary organisations dealing with the problems of children.

Many difficult cases have been considered at the co-ordinating committee, where the interests of education, health and other social services are represented. A meeting every alternate month now appears to meet the needs. In fact some of the cases considered have shown a multiplicity of agencies at work which is astonishing, and calls for further co-ordination, agreement and simplification in order to avoid waste of effort.

No new families were brought forward during 1958, 21 cases previously reported have been re-considered at subsequent meetings. The number of children involved is 55, of which 49 are of school age.

The circumstances of children in 32 families have been dealt with since the first meeting of the Committee in May 1952. Many of the families are still being dealt with and represent that hard core of difficult cases that are a responsibility of every Authority.

PROVISION OF MEALS AND MILK.

Dinners and milk have continued to be supplied to school children during 1958. Dinners have been supplied from two Central Kitchens and 4 Kitchen/Dining rooms to 28 dining centres.

Total No. of dinners supplied	....	....	....	....	....	596,508
Total No. of $\frac{1}{3}$ pt. bottles milk supplies	....	....	....	....	....	1,407,087

SCHOOL CAMPS.

During the summer, school camps were organised at Kessingland and Devil's Bridge for children attending maintained schools in the Borough. 44 juniors attended camp at Devil's Bridge and 57 juniors and 183 seniors attended the camp at Kessingland.

HOME TUITION.

Home tuition was provided for one child who was unable to attend school.

EMPLOYMENT OF SCHOOL CHILDREN.

During the year 91 children have been medically examined as to their fitness to undertake employment out of school hours. Of these 10 were girls and 81 boys.

INSTRUCTION IN MOTHERCRAFT.

During school terms, two sessions weekly are held at The Huntley Mount M. and C.W. Centre, where instruction is given by a Health Visitor. Girls in the last term at all Senior Schools have attended in two groups for a period of six weeks. The girls have shown interest and attended regularly.

The Syllabus used was similar to that set out in detail in the 1956 report.

REPORT OF THE ORGANISER OF PHYSICAL EDUCATION.

I am indebted to the Director of Education for supplying the following report :—

Primary Schools.

The physical welfare of the children in these schools is catered for by a daily period of physical exercise, varied to meet the needs of the individual so that they may develop at their own speed and in their own time.

A larger type of apparatus is being introduced into the schools which will help to overcome some of the physical defects which occur in some children. There is a reluctance on the part of some children to remove outer garments when taking part in the physical education lesson. It seems possible that parents could influence this for the better and so give great assistance to the teachers.

Unfortunately, due to lack of indoor space for physical exercise, not all schools are able to carry out an effective Physical Education programme.

Secondary Schools.

(a) Indoor Activity.

1. Gymnasium. There are five fully equipped gymnasia in the Borough situated at the Technical College, High School, East Ward, Elton and St. Gabriel's Secondary Schools.

The gymnasium affords to every child of secondary school age an opportunity to partake in physical exercise on equipment so designed to encourage the all-round development of the child.

Shower baths are provided at all the gymnasia except the High School, and all the children are encouraged to use them after exercise. Here again, there is a reluctance on the part of some children to take a shower and the co-operation of the parents would go a long way in helping the teachers to encourage habits of cleanliness.

Most schools allocate two periods per week for such activity.

2. Swimming. Every Secondary School child is given an opportunity during his first year at school to enjoy the healthy exercise of swimming.

There are two Certificates of Proficiency which are awarded annually, an Elementary Certificate and an Advanced Certificate.

Most boys and girls who regularly attend at the baths obtain the Elementary Certificate and about one half of the children are successful in obtaining the Advanced Certificate.

(b) Outdoor Activity.

Playing fields. Two periods per week are allocated for organised activity on the playing fields where the children are coached in the major winter and summer games.

For those children who dislike team games, more individual pursuits, such as tennis, athletics and cross-country running are included in the Physical Education programme.

SWIMMING BATHS.

There are three Swimming Baths which are used by school children. At the Technical College Swimming Bath; at the Bury Grammar School, which is a Direct Grant School, and which is used exclusively by its own pupils; and the Town's Public Swimming Baths, St. Mary's Place, which may be used by any of the children in their own spare time, and is also used for classes.

Regular bacteriological analysis of samples of water from the Baths is taken. Ten samples were taken from the Corporation Baths, three samples were taken from the Technical College Bath, and four from the Bury Grammar School Baths.

All samples were satisfactory.

Number of attendances at the Technical College Bath	21,545
Number of attendances at the Corporation Bath	18,962

DENTAL SERVICES.

I am indebted to Mr. R. B. Keighley, L.D.S., for the following report:—

During 1958 Dental Inspections were carried out in nineteen schools and treatment completed.

The unusually prolonged period of fog during the last few weeks of the year disrupted work somewhat, as parents seem reluctant to venture, with their children, into the town centre.

It has not been found possible to fill the position of Assistant School Dental Officer, and it must be accepted that the chances of appointing a further Dentist seem, at present, to be remote. Because of this, I would like to bring to the attention of Teachers the importance of encouraging parents and guardians to keep appointments carefully on all occasions unless prevented by good reason. A child attending with toothache, is seen on any morning. While this is a good thing, it also has the serious disadvantage of making many parents quite careless in their obligation to attend for routine treatment after they have chosen to do so and have accepted appointments. This problem is not peculiar to Bury and is common to most Authorities where “casuals” are readily seen.

Full details of dental work are given in Table V.

Below, some further work not shown in Table V. :—

Number of stainless steel caps made and fitted to fractured permanent incisors	..... 9
Number of root treatments	..... 7
Number of Denture repairs for School Children	.... 2

I wish to thank the School Medical Officers, Nursing and Teaching Staff for their help and willing co-operation.

**MEDICAL INSPECTION AND TREATMENT RETURN
FOR THE YEAR ENDED 31st DECEMBER, 1958.**

Number of pupils on registers of maintained and assisted primary and secondary schools (including nursery and special schools) in January, 1959, as in Form 7, 7 M and 7 N schools 8,584

Part 1—Medical Inspection of Pupils attending Maintained and Assisted Primary and Secondary School (Including Nursery and Special Schools).

TABLE A. — PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (By years of birth)	No. of pupils Inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
		(3)	(4)	(5)	(6)
1954 and later	13	13	100	—	—
1953	747	745	99.7	2	0.3
1952	86	86	100	—	—
1951	40	40	100	—	—
1950	253	253	100	—	—
1949	181	181	100	—	—
1948	34	34	100	—	—
1947	18	18	100	—	—
1946	15	15	100	—	—
1945	21	21	100	—	—
1944	31	31	100	—	—
1943 and earlier....	632	630	99.7	2	0.3
Total	2,071	2,067	99.8	4	0.2

Table B. — Pupils found to require treatment at Periodic Medical Inspections (excluding Dental Diseases and Infestation with Vermin).

Notes :—Pupils found at Periodic Inspections to require treatment for a defect should not be excluded from Table B by reason of the fact that they were already under treatment for that defect.

Table B relates to individual pupils and not to defects. Consequently, the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Age groups Inspected (by year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1954 and later	—	1	1
1953....	1	123	110
1952....	3	11	12
1951....	2	2	4
1950....	17	37	51
1949....	16	18	34
1948....	3	3	6
1947....	2	1	3
1946....	—	—	—
1945....	3	3	6
1944....	3	3	6
1943 and earlier	58	40	89
Total	108	242	322

TABLE C. — Other Inspections.

Notes :—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	....	....	....	....	....	1,671
Number of re-inspections	....	....	....	....	....	989
						<hr/>
Total	....	....	....	....	....	2,660

TABLE D. — Infestation with Vermin.

Notes :—All cases of infestation, however slight, should be included in Table D.

The numbers recorded at (b), (c) and (d) should relate to individual pupils, and not to instances of infestation.

(a) Total number of individual examinations of pupils in schools by school nurses or others authorised persons	9,298
(b) Total number of individual pupils found to be infested	391
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

PART II

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE A.—PERIODIC INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		T (3)	O (4)	T (5)	O (6)	T (7)	O (8)	T (9)	O (10)
4	Skin	4	15	3	2	3	7	10	24
5	Eyes—	4	2	61	48	43	15	108	65
	a. Vision	21	11	1	—	8	2	30	13
	b. Squint	1	2	—	1	—	—	1	3
	c. Other	7	4	5	1	8	6	20	11
6	Ears—	12	7	10	4	8	2	30	13
	a. Hearing	4	2	2	3	2	3	8	8
	b. Otitis Media	39	36	8	1	18	17	65	54
	c. Other	22	26	—	2	8	3	30	31
7	Nose and Throat	2	5	1	—	—	5	3	10
8	Speech	1	15	—	6	—	8	1	29
9	Lymphatic Glands	2	33	1	2	—	22	3	57
10	Heart								
11	Lungs								
12	Developmental—								
	a. Hernia	10	9	1	—	2	3	13	12
	b. Other	1	9	4	6	5	11	10	26
13	Orthopaedic—								
	a. Posture	1	1	—	2	—	2	1	5
	b. Feet	2	12	4	18	—	13	6	43
	c. Other	3	2	2	8	—	6	5	16
14	Nervous System—								
	a. Epilepsy	1	1	—	—	—	3	1	4
	b. Other	—	—	—	—	1	—	1	—
15	Psychological—								
	a. Development	—	8	—	—	—	3	—	11
	b. Stability	—	7	—	—	—	6	—	13
16	Abdomen	—	3	—	—	—	1	—	4
17	Other....	2	11	1	3	1	11	4	25

TABLE B. SPECIAL INSPECTIONS

Note:—All defects, including defects of pupils at Nursery and Special Schools, noted at special medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection.

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	311	6
5	Eyes— a. Vision	176	146
	b. Squint	22	20
	c. Other	70	4
6	Ears— a. Hearing	3	—
	b. Otitis Media	6	—
	c. Other	27	1
7	Nose and Throat	19	2
8	Speech	13	7
9	Lymphatic Glands	1	1
10	Heart	—	—
11	Lungs	6	3
12	Developmental—		
	a. Hernia	—	—
	b. Other	—	—
13	Orthopaedic—		
	a. Posture	2	—
	b. Feet	12	—
	c. Other	1	—
14	Nervous system—		
	a. Epilepsy	—	—
	b. Other	1	1
15	Psychological—		
	a. Development	28	10
	b. Stability	—	4
16	Abdomen	—	—
17	Other	133	15

PART III
TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED
PRIMARY AND SECONDARY SCHOOLS
(INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	70
Errors of refraction (including squint)	601
TOTAL	671
Number of pupils for whom spectacles were prescribed	435

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment	
(a) for diseases of the ear	5
(b) for adenoids and chronic tonsilitis	190
(c) for other nose and throat conditions	19
Received other forms of treatment	46
TOTAL	260
Total number of pupils in schools who are known to have been provided with hearing aids	
(a) in 1958	2
(b) in previous years	5

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	44
(b) Pupils treated at school for postural defects	—
Total	44

TABLE. D—DISEASES OF THE SKIN
(excluding uncleanliness for which see Table D. of Part 1)

	Number of cases known to have been treated
Ringworm— (i) Scalp	—
(ii) Body	3
Scabies	8
Impetigo	13
Other skin diseases	287
Total	311

TABLE E.—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Number of pupils treated at Child Guidance Clinics	3

TABLE F.—SPEECH THERAPY

	Number of cases known to have been treated
Number of pupils treated by Speech Therapists	52

TABLE G.—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments.....	133
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	32
(d) Other than (a), (b) and (c) above (specify)	
1. U.V.L.	11
2. Physiotherapy	56
3. Diphtheria Immunisation	327
4. Polio Vaccination.....	2,597
5. Orthoptist	157
Total (a) - (d)	3,313

TABLE V.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1) Number of pupils inspected by the Authority's Dental Officers:—	
(a) At Periodic Inspections	3,854
(b) As Specials	1,290
	<hr/>
Total (1)	5,144
	<hr/>
(2) Number found to require treatment	3,538
(3) Number offered treatment	3,370
(4) Number actually treated	2,377
(5) Number of attendances made by pupils for treatment, including those recorded at heading 11(h) below	3,302
	<hr/>
(6) Half days devoted to	
Periodic (School) Inspection	33
Treatment	392
	<hr/>
Total (6)	425
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(7) Fillings—	
Permanent Teeth	807
Temporary Teeth	88
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Total (7)	895
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(8) Number of teeth filled—	
Permanent Teeth	671
Temporary Teeth	85
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Total (8)	756
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(9) Extractions—	
Permanent Teeth	674
Temporary Teeth	2,666
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Total (9)	3,340
	<hr/>
(10) Administration of general anaesthetics for extraction	157

(11) Orthodontics—	
(a) Cases commenced during the year	4
(b) Cases carried forward from previous year	6
(c) Cases completed during the year	2
(d) Cases discontinued during the year	—
(e) Pupils treated with appliances	6
(f) Removable appliances fitted	6
(g) Fixed appliances fitted	—
(h) Total attendances	54
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(12) Number of pupils supplied with artificial dentures	2
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(13) Other operations—	
Permanent Teeth	642
Temporary Teeth	131
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Total (13)	773
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